



STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
SPECIAL TITLE UNIT
P.O. BOX 017

TRENTON, NEW JERSEY 08666-0017

PINK
FORM

APPLICATION FOR SALVAGE CERTIFICATE OF TITLE

PLEASE DESCRIBE THE VEHICLE ACCURATELY

VEHICLE MAKE	YEAR	BODY TYPE	
COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)		COLOR	MODEL

Actual present true mileage
(odometer reading)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TENTHS:	<input type="text"/>
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STATEMENT—How The Certificate Of Ownership Was Acquired

NOTE – ATTACH CERTIFICATE OF OWNERSHIP

PLEASE CHECK
"YES" OR "NO"



Does your vehicle now have a lien?
(Is your vehicle financed?)

YES
<input type="text"/>

NO
<input type="text"/>

If you checked "YES," print name of bank or finance company below.
If you checked "NO," print "NONE" in the box below.

LIENHOLDER	
	NAME OF BANK OR FINANCE COMPANY (LIENHOLDER), IF NO LIEN WRITE "NONE"
	LIENHOLDER CORPCODE
	STREET ADDRESS OF LIENHOLDER CITY OR TOWN STATE ZIP CODE

STATEMENT OF APPLICANT I, the undersigned, hereby certify the above information is true and correct to the best of my knowledge, and I also certify that I have compared the identification number shown on this application with that on the motor vehicle and found that they agree in every particular.

SIGN

HERE X _____ DATE _____

PLEASE PRINT CLEARLY	YOUR NAME		
	NEW JERSEY DRIVER LICENSE NUMBER (IF BUSINESS-CORPCODE)		
	DATE OF BIRTH	EYE COLOR	SEX
	STREET		
	CITY, STATE, ZIP CODE		